

Training Special Provision Monthly On-the-Job Training Report

Sheet of.....

Contractor: (Name and Address)					INSTRUCTIONS: This report must be submitted each month <u>directly</u> to the Highway Civil Rights Office. Send a copy to the Project Manager for inclusion in the monthly progress estimate and also keep a copy for your records. Note: The Remarks column is to be used for reporting when a trainee completes training, terminates employment or is replaced by another trainee.						
					Project No.:						
LEGEND 1. Alaskan Native 3. Asian/Pacific Islander 5. Hispanic 7. White 2. Native American 4. African American 6. Other 8. Female					Control No.:		District:		Month and Year:		
TRAINEE NAME AND SOCIAL SECURITY NUMBER <small>(one Trainee per line)</small>		RACE OR NATIONAL ORIGIN	WORK CLASSIFICATION	GROUP BEING TRAINED	WAGE RATE PAID	HOURS TRAINED THIS MONTH		TOTAL HOURS TRAINED TO DATE		REMARKS	
						THIS PROJECT	OTHER PROJECTS	THIS PROJECT	OTHER PROJECTS		
Contractor's Representative: (Signature and Title)				Date:		Reviewed for Department of Roads: (Signature and Title)				Date:	